



RECORD OF IMPACT ATTENDANCE - MULTIPLE ACTIVITIES

State Form 44721 (R / 8-95) / IMP 2078

Name of case manager	
For month of:	Due by:

Name of participant		Social Security number	Case number
Activity number 1	Site	Code	Name of instructor
Activity number 2	Site	Code	Name of instructor

INSTRUCTIONS: Indicate the number of hours or partial hours each time the student is present. If absent, mark with an "A".

CLASS DAYS LENGTH	WEEK 1 Starting:	WEEK 2	WEEK 3	WEEK 4	WEEK 5	SIGNATURE OF INSTRUCTOR AND DATE

RELEASE OF INFORMATION	
I authorize the release of information concerning my attendance at the above-named location in order to comply with requirements for the IMPACT program.	
Signature of participant	Date signed (month, day, year)

OFFICE USE ONLY	
Hours scheduled	Hours participated